INSTRUCTIONS

Collaborative Partner of the Year Award

2004 Application

Official Rules for Applicants:

- 1. Application must be typed, single-spaced on the official form. Additional pages may be added.
- 2. Affix/secure appropriate signatures.
- 3. Application must be delivered by the close of business On March 22, 2004.
- 4. A fax may be transmitted or an application may be mailed to the attention of:

Linda Atwood Division of Exceptional Children Services Kentucky Department of Education 500 Mero Street, 8th Floor Frankfort, Kentucky 40601

2004

Collaborative Partner of the Year

I. GENERAL INFORMATION/SIGNATURES Nominee's Name:_____ Home Address: City State Zip Code Telephone: Home Current Employment: ____ (If Applicable) Address City State Zip Code Signature of Nominator _____ **Telephone:** ____ References Name: **Telephone**: ______ References Name:

Telephone:

II. HISTORY AND PROFESSIONAL DEVELOPMENT ACTIVITIES

A.	List agency affiliations that the nominee has worked with during the provision of collaborative services to students with challenging disabilities.

B. List professional association memberships including offices held and other relevant activities.

C. List award(s) and other recognition(s).

III. PROFESSIONAL INVOLVEMENT

A.	Describe the nominee's commitment to ensuring that high standards and
	expectations are applied to all services provided to children with
	challenging disabilities.

B. Describe how the nominee has been involved in providing quality services to students with challenging disabilities.

IV. SCHOOL/COMMUNITY INVOLVEMENT

Describe the nominee's involvement in community activities, including participation with schools, parent organizations, committees, sponsorship of clubs, or other civic activities within the local community.

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V. PHILOSOPHY OF COLLABORATION:

Describe the nominee's commitment to working with all partners in the education and care of students with challenging disabilities including educators, mental health clinicians, parents and other community members.